

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILING DATE

10715476

11-19-03

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3		2				
4		2				
5		/				
6		/				
7		/				
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49						
50						
TOTAL IND.	5					
TOTAL DEP.	41					
TOTAL CLAIMS	46					

	IND	DEP	IND	DEP	IND	DEP
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52						
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TOTAL CLAIMS						